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APPLICANTS

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** CONTINUING DATA *****

none K

** FOREIGN APPLICATIONS *****

none K

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 5	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>K</i> Initials				

ADDRESS

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TITLE

Disposable insect-control member

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